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**Welcome to
Motivational Interviewing**

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**Morning Session
Key Areas of Focus**

- How much do you already know about MI
- What are your expectations of the training
- Review principles of MI
- Review active listening skills
- Discuss the intersection of MI principles and skills with the trans-theoretical model of change

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Morning Objectives

- **As a result of this training**
 - You will be able to recognize the underlying principles of Motivational Interviewing
 - You will be able to understand and put into perspective the intersection of MI principles and skills with Prochaska and DiClemente's transtheoretical model of change

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Afternoon Session
Key Areas of Focus

- How to help move consumers through the stages of change
- How to recognize barriers to change and to roll with resistance
- Practice skills to reduce resistance

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Afternoon Objectives

- **As a result of this training**
 - Participants will be able to understand their role in reducing or enhancing resistance
 - Participants will be able to practice specific interviewing skills designed to reduce resistance

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Motivational Interviewing
People Change When they are

- **Ready**
- **Willing**
- **Able**

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Ready: A Matter of Priorities:

One can be willing and able to change, but not ready

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Willing: The Importance of Change:

The degree of discrepancy between status and goal, between what is happening at present and what one values for the future.

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Able: Confidence for Change:

When discrepancy becomes large enough and change seems important, a search for possible methods for change is initiated.

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What Triggers Change?

A common theory about change is that when people experience enough discomfort, shame, guilt, loss, threat, anxiety, or humiliation, then they will change.

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Motivational Interviewing suggest something very different about motivation.

- **That such experiences can even immobilize the person, making change more remote, and**
- **That constructive behavior change seems to arise when the person connects it with something of intrinsic value, something important, something cherished.**

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What is Motivational Interviewing

Motivational Interviewing is a therapeutic style intended to help clinicians work with clients to address their ambivalence.

It includes elements of "Rogerian" therapy but tends to be more "directive" and seeks to elicit self-motivational statements and behavioral change from the client.

MI attempts to create discrepancy in counseling to enhance motivation for change.

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Motivational Interviewing is defined as *a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.*

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Spirit of Motivational Interviewing

- **Motivational Interviewing is a way of being with people.**
- **How one thinks about and understands the interviewing process is vitally important in shaping the interview.**

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Collaboration

The counselor avoids an authoritarian one-up stance, instead communicating a partner-like relationship

Evocation

The interviewer's tone is not one of imparting things (such as wisdom, insight, reality) but rather of eliciting

Autonomy

Responsibility for changing is left with the patient, this in fact is the only place it can and must reside.

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Facilitation Model

ACTIVE LISTENING:

1. Attend with your body language
2. Reflect
3. Paraphrase
4. Summarize
5. Establish an empathetic relationship (Engagement)
6. Affirmations
7. Use "open ended" questioning if possible
8. Talk less – listen more

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Five Basic MI Principles

Express empathy
Develop discrepancy
Avoid Argumentation
Roll with resistance
Support self-sufficiency

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Express Empathy

- It is possible to accept and understand a person's perspective while not agreeing with or endorsing it.
- The crucial attitude is a respectful listening to the person with a desire to understand his or her perspectives.

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- Paradoxically, this kind of acceptance of people *as they are* seems to free them to change.
 - Acceptance facilitates change
 - Skillful reflective listening is fundamental
 - Ambivalence is normal

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- Only the client can and will determine when and how to make change in his/her life.
- They will carry out that choice on their time schedule, not ours.
- It is important to compliment rather than denigrate; to build up rather than tear down; to listen rather than tell and always remember to be gentle in your presentation with the client, always encouraging and using persuasion.

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Develop Discrepancy

- The goal for this principle is to create and amplify, from the client's perspective, a discrepancy between present behavior and his or her broader goals and values.
- When a behavior is seen as conflicting with important personal goals (such as one's health, success, family happiness, or positive self- image), change is more likely to occur.

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- Discrepancy, as the term is used in motivational interviewing, has to do with the *importance* of change.
- This is different from the amount of behavior change to be accomplished or the “behavioral gap”).
- The wider the chasm, the less the confidence in one’s ability to jump it.

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- A goal of MI is to develop discrepancy – make use of it, increase it, and amplify it until it overrides the inertia of the status quo.
- When skillfully done, MI changes the person’s perceptions (of discrepancy) without creating a sense of being pressured or coerced.

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People are often more persuaded by what they hear themselves say than by what other people tell them.

- The client rather than the counselor should present the arguments for change.
- Change is motivated by a perceived discrepancy between present behavior and important personal goals or values.

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- It ***must*** be their awareness and insight as a result of information they obtain from you or other sources, properly presented, that can precipitate the initiative for change.

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Motivational Interviewing Philosophy

The assumption in Motivational Interviewing is that change is difficult and permanent change is often required.

Additionally, as people begin the process of change, they may be ambivalent for a long period of time or relapse into ambivalence as the process of change becomes difficult.

Your job is to be patient and encouraging, constantly creating discrepancy.

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Avoid Argumentation

- Never engage in an argument with a client – you cannot win!
- Poorly handled, the client may become defensive and uncomfortable and avoid making positive changes towards their goals.

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- An attack on their behavior tends to evoke a defensive posture and a resolve to be “right” or to “win” regardless of the consequences.
- This suggests that the counselor does not understand and therefore is not a supportive companion or knowledgeable consultant.

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Roll with Resistance

- It follows from what is being said that the least desirable situation, from the standpoint of evoking change, is for the counselor to advocate for change while the client argues against it.
- Instead, resistance that a person offers can be turned or reframed slightly to create a new momentum toward change.

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- Reluctance and ambivalence are not opposed but are acknowledged to be natural and understandable.
- It is assumed that the person is a capable and autonomous individual, with important insight and ideas for the solution of his or her own problems.
- Rolling with resistance, then, includes involving the person actively in the process of problem solving.

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- Finally, client behaviors that are labeled as “resistance” represents a signal for the counselor to shift approach. Resistance is an interpersonal phenomenon, and how the counselor responds will influence whether it increases or diminishes.
 - Avoid arguing for change
 - Resistance is not directly opposed
 - New perspectives are invited but not imposed
 - The client is a primary resource in finding answers and solutions
 - Resistance is a signal to respond differently

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Support Self-Efficacy

- *Self-efficacy*, is an important principle of MI and refers to a person’s belief in his or her ability to carry out and succeed with a specific task and is a reasonably good predictor of treatment outcome.

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- If the counselor is able to follow the first three principles and thereby develop a person’s perception that he or she has an important problem but the client perceives no hope or possibility for change, then no effort will be made, and the counselor’s efforts will be in vain.

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- Hope and faith are important elements of change.
- Self efficacy is the other side of personal responsibility for change. To assert that a person is responsible for deciding and directing his or her own change is to assume that the person is capable of doing so.

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- A person's belief in the possibility of change is an important motivator
- The client, not the counselor, is responsible for choosing and carrying out change
- The counselor's own belief in the person's ability to change becomes a self fulfilling prophecy

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What does all this mean for you?

It's important to meet the consumer where he/she is without expectations or demands. The diagnosis of the problem is insignificant to a change process; the stage of change is significant.

We have to design interventions to meet the needs of consumers rather than expect that consumers will fit into our interventions.

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Conflict and Ambivalence

- **Approach – Approach Conflict:**
- **Avoidance – Avoidance Conflict**
- **Approach – Avoidance Conflict:**
- **Double Approach – Avoidance Conflict:**

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Paradoxical Responses

Ambivalent people may not respond in what would seem a logical manner.

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Readiness for What?

The question is not, “Why isn’t this person motivated?” but rather, “For what is this person motivated?”

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Facilitating Change

The righting reflex

- When we perceive a discrepancy between how things are and how they ought to be, we want to reduce that discrepancy. We want to fix it.

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- If we meet someone who is floundering in ambivalence we want to give them a little direction, help them find their (our) way.
- We want to advise, teach, persuade, counsel, or argue for a particular resolution.
- With the nature of ambivalence being what it is, the receiver of this "help" responds by arguing the opposite, or at least point out problems and shortcomings of our proposed solution.

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- In response, we may argue more forcefully or offer additional, alternative solutions. The receiver in return responds accordingly with the end result of directing the receiver to argue against change and for the status quo.
- In affect the two people are acting out the receiver's internal ambivalence with us on the "wrong" side of the argument.
- To be an affective therapist we must inhibit the "righting reflex."

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Motivation as Interpersonal Process

- Motivation is in many ways an *interpersonal* process, the product of an interaction between people.
- Motivation for change can not only be influenced by but in a very real sense arises from an interpersonal context.
- The person who does not follow through with advice that is given may then be faulted for being unmotivated, rather than considering that the difficulty (and the solution) may lie in the interpersonal context.

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Developing Discrepancy

- All of this points toward a fundamental dynamic in the resolution of ambivalence: *It is the patient who should be voicing the arguments for change.*
- Negotiating change rather than like wrestling should be more like a dance. The fact that one of them is leading is subtle and not necessarily apparent to an observer.

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**It is ambivalence
that makes change
possible.**

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Ambivalence: The Dilemma of Change

I want to I don't want to

Λ

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Change Talk: Self-Motivating Speech

- The challenge is to first intensify and then resolve ambivalence by developing discrepancy between the actual present and the desired future.
- Avoid questions like:
 - “Why don’t you want to change?”
 - “What makes you think you’re not at risk?”
 - “Why can’t you ...?”

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Using **FRAMES** Model:

1. **FEEDBACK** is always essential in counseling
2. **RESPONSIBILITY** for change is given to the client. They may or may not want to change. That will *always* be their choice.
3. **ADVICE** about changing is always provided in a non judgmental, non threatening way.
4. **MENUS** of self directed change options and treatment alternatives are offered.
5. **EMPATHETIC** counseling means drawing on your facilitation skills consistently.
6. **SELF EFFICACY** is the goal for clients. Help them to embrace change and provide self motivation for change.

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Change Plan Worksheet

- The change(s) I want to make (or continue to make) are:
- The reasons why I want to make these changes are:
- The steps I plan to take in changing are:
- The ways other people can help me are:
- I will know that my plan is working if:
- Some things that could interfere with my plan are:
- What I will do if the plan isn't working:

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Stages of Change

Let me ask you to reflect for a moment on a change that has occurred in your life. Often enough, we change as a result of crisis rather than a determination to improve.

Think about a major change you have made in your life. Was it one you made voluntary or under duress?

Are you aware of the process you went through in making your change permanent?

Have you had any relapses?

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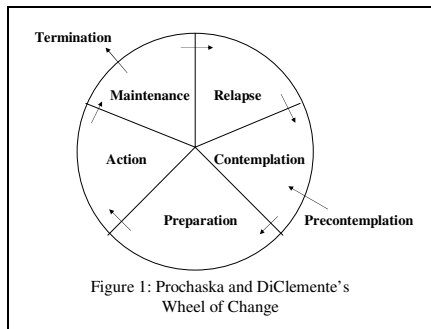
Stages of Change

- **Precontemplation:**
Not seeing the behavior as a problem or not wanting to change the behavior. This stage is sometimes characterized as "denial."
- **Contemplation:**
Beginning to understand that the behavior is causing difficulties in living or taking a toll on their health and happiness.

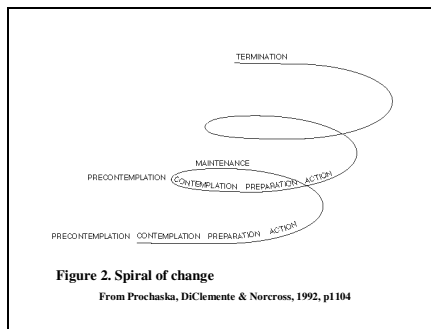
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- **Preparation/Determination:**
Considering various options for change.
- **Action:**
Taking concrete steps to change the behavior in a specific way.
- **Maintenance:**
Avoiding relapse into the problem behavior.
- **Relapse:**
Slipping back into problematic use or abuse.

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How could your facilitation improve
by using Stages of Change
concepts

Is this concept something you can use?

How will you use it?

How would it change your work with your
clients?

Discuss in small group

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NEXT STEP

Identifying the stage of change.....
And responding appropriately in therapy.

Pre-contemplators and contemplators tend to
create a lot of counselor headaches.

This group is often ambivalent and fluctuate
between wanting to change and whining
about how difficult it is change. They are
ready; then they are not.

Give examples of clients you currently have or
have worked with.

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Precontemplation to Contemplation

Characteristics of this client:

1. Not motivated
2. Not ready to consider change
3. Not really interested in being there
4. Not interested in learning more or investing
time in the process.
5. Willing to play the game to get what he/she
wants or needs to be "finished with this"

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Precontemplators

Task: Provide information, develop discrepancy and roll with resistance.

Goal: Raise awareness of risks and problems, provide respect and empathy for the client's current choices.

REMEMBER: You must resist the temptation to "tell them off" or "tell them how messed up their life really is" or "make them aware of their situation". It's important to roll with resistance, avoid arguing with this client and allow them time to make choices.

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Questions with Precontemplators

1. Tell me what would need to be different in your life for you to consider making a change at this point.
2. Let's suppose you're considering a change for just a moment. Why would you want to do that?
3. Tell me what you like about your current behavior. Anything you dislike?
4. Would you be interested in knowing more about...?
5. Have you ever thought about what it would be like to quit using drug or alcohol?
6. Would you like some material to read at home?
7. What would need to happen in order for you to consider making a change very soon?

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Precontemplation Characteristics

1. **Reluctant** – This person is reluctant to change and lacks knowledge or the energy to consider change. The awareness of the problem has not become a part of their consciousness.
2. **Rebellious** – This person needs to be in charge of their life and make their own decisions; any attempt to force them into a change only reinforces their need to be in charge. They are very resistant to being told what to do by anyone and may appear angry; attempt to argue with you or tell you all the reasons that change is not going to happen.

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More Precontemplators

3. **Resigned** – This person often feels unable to make a move to change and can be hopeless and feel their situation is “fate”. They may have tried change in the past and have not experienced much success. They believe their efforts will result in failure.
4. **Rationalizer**- This person already has all the answers and they tend to have lots of reasons to continue their current behavior. There are lots of errors in their thinking process and they will intellectualize or rationalize their situation into normalcy. They see no reason to change unhealthy behaviors as they feel those are other people's problems, not theirs.

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Counselor's Job with the
Precontemplator

1. Commend the client for coming to treatment
2. Establish rapport, ask permission to address the topic of change and build trust
3. Elicit, listen to and acknowledge the aspects of substance use the client enjoys.
4. Explore the meaning of the events that brought the client to treatment or the results of previous treatment attempts.
5. Obtain the client's perception of the problem.
6. Offer factual information about the risks of substance abuse after obtaining permission.
7. Provide personal feedback about assessment findings.
8. Examine discrepancies and express concern. Keep the door open and nourish the relationship.

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REMEMBER the strategy

1. Ask OPEN ENDED questions
2. LISTEN reflectively
3. SUMMARIZE often for clarification
4. AFFIRM the clients strengths, motivation, intentions and progress
5. ELICIT self motivating statements

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Contemplation to Preparation

Characteristics of this client:

1. Some awareness of the need to change.
2. Very ambivalent, insecure about changing.
3. Has had some type of event that points out the need for change and might acknowledge that need.
4. Feels insecure in his/her ability to change or make the change permanent; may have had previous experiences that were unsuccessful regarding change or quitting a particular behavior.
5. Has some hope that change might occur.

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Contemplator

Task: Explore ambivalence, strengths and weaknesses and strengthen self-efficacy

Goal: Build motivation and confidence to make a decision about change.

REMEMBER: This client is "almost" ready. They need lots of encouragement, the opportunity to explore the pluses and negative aspects of change in a non-judgmental environment and opportunities to talk openly about what change would mean if it were to be a permanent change.

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Questions with Contemplators

1. Tell me some things you like about your current behavior? What do you dislike?
2. Tell me the reasons you want things to stay just the way they are in your life.
3. What might be some reasons for making a change in your life at this time?
4. Imagine that a change did occur in your life so that you stopped..... How would you life be different? What would that be like and how would you handle that different situation?
5. When were you successful in making changes in you life before? Tell me what that was like. How did you do that?
6. Where do we go from here? Tell me what you would like now.

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In Preparation

Characteristics of this client:

1. Motivated

2. Ready to create a plan for change

3. Confident and feeling secure in the ability to change

4. Has support or ideas for making change work in their lives

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Preparation Clients

Task: Facilitate development of a change plan, provide guidance, suggestions, information and advice when requested.

Goal: Assist the client with a change plan

REMEMBER: This client while highly motivated may lapse back into ambivalence and your role is to continue to provide encouragement and support; promote self-efficacy and confidence.

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Questions for Preparation Clients

1. Tell me the reasons you are making this change.

2. Tell me exactly what needs to be changed and your plan for that change.

3. If you were to look into your future and see yourself one year from now, tell me what kinds of things you see yourself doing.

4. Tell me about your plan for changing.

5. What barriers to this change do you foresee?

6. What kind of support do you have in your life to help you with this change plan?

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Preparation to Action

How do I know the person is ready for action?

1. Resistance decreases and the student begins to show a certain amount of resolve, becomes more peaceful, calm and relaxed, able to discuss the problem without drama or excitement.
2. The person begins to ask questions about the change process and how life might be after a change.
3. The person reports thinking about or toying with certain changes, experimenting with change approaches such as stopping the old behavior for a few days.

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Counselor's Role with the Action Client

1. Assist in developing an "change plan". (see handout)
2. Discuss the range of possible behavior options available.
3. With permission, offer advice and expertise.
4. Negotiate a change contract or agreement, get it signed, dated and copied for the person.

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From Action to Maintenance

This person in maintenance needs:

1. Information about their role in the change process.
2. Support and nurturing as growth continues.
3. Support in identifying barriers including persons or situations that may cause triggers for relapse.
4. To learn how to create intrinsic motivation.
5. Encouragement to stay with the process.

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Counselor's Role with Maintenance
Persons

1. Engage the person in the process and reinforce the importance of maintaining their new behavior.
2. Acknowledge difficulties in the early stages of change.
3. Assist the client in finding new reinforcers for current behavior.
4. Encourage family or community support.

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IN SUMMARY.....

Persons in the PRECONTEMPLATION stage must have their awareness increased. To resolve ambivalence, persons in CONTEMPLATION require help in choosing positive change over their current behavior. Persons in PREPARATION stage need help in identifying potential change strategies and choosing the most appropriate one for their circumstances. Persons in ACTION stage need help in carrying out and complying with the change strategies and during MAINTENANCE, persons may have to develop new skills for maintaining their new behavior.

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Remember these counseling
techniques using MI

1. Accept decision or *no* decision.
2. Use MI questions:
 1. Are there any things you would like to change?
 2. Is there additional information you need at this time to help you decide whether or not you might change?
 3. How does your drug use, alcohol use, whatever fit into your plans foryour life, your family, etc?
 4. On a scale of 1 – 10, with 10 being completely satisfied, where are you with your own life right now?
 5. If nothing at all changes in your life will you be satisfied?

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These comments may help

- You were saying you were trying to decide whether or not you should cut down, quit or do nothing about your use. Tell me your thoughts today.
- After our discussion are you more clear about what you would like to do?

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- How will things be in your life in one year if you make no changes at all?
- So let's see.....so far you have said..... (summarize, summarize, summarize, the feedback is a replay of what the client has said to you)

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Rolling With Resistance

- Momentum can be used to good advantage
- Perceptions can be shifted
- New perspectives are invited but not imposed
- The client is a valuable resource in finding solutions to problems

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7 Ways to React to
Resistance

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Simple Reflection

- One way to reduce resistance is simply to repeat or rephrase what the client has said. This communicates that you have heard the person, and that it is not your intention to get into an argument with the person.

Student: But I can't quit drinking. I mean, all of my friends drink!

Counselor: ?

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Amplified Reflection

- This is similar to a simple reflection, only the counselor amplifies or exaggerates the point to the point where the client may disavow or disagree with it. It is important that the counselor not overdo it, because if the client feels mocked or patronized, he or she is likely to respond with anger.

Client: But I can't quit using. I mean, all of my friends use!

Counselor: ?

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Double-sided Reflection

- With a double-sided reflection, the counselor reflects both the current, resistant statement, and a previous, contradictory statement that the client has made.

Client: But I can't quit drinking. I mean, all of my friends drink!

Counselor: ?

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Shifting Focus

- Another way to reduce resistance is simply to shift topics. It is often not motivational to address resistant or counter motivational statements, and counseling goals are better achieved by simply not responding to the resistant statement.

Client: But I can't quit drinking. I mean, all of my friends drink!

Counselor: ?

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Rolling with Resistance

- Resistance can also be met by rolling with it instead of opposing it. There is a paradoxical element in this, which often will bring the client back to a balanced or opposite perspective. This strategy can be particularly useful with clients who present in a highly oppositional manner and who seem to reject every idea or suggestion.

Client: But I can't quit using. I mean, all of my friends use!

Counselor: ?

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Reframing

- Reframing is a strategy in which you invite clients to examine their perceptions in a new light or a reorganized form. In this way, new meaning is given to what has been said.

Client: "My parents are always nagging me about my medications and my behavior, they are always telling me what to do."

Counselor: ?

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Discussion

What have you learned that seems to work for you with difficult clients?

Where do you experience the most difficulty?

Where are you in the "stages of change" right now regarding implementation of some of the MI practices?

What else do you need at this point?
